

PTO/SB/30 (09-04)

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**Request
for
Continued Examination (RCE)
Transmittal**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/692,709
Filing Date	October 19, 2000
First Named Inventor	Christian Gehrmann
Art Unit	2138
Examiner Name	Hoffman, Brandon
Attorney Docket Number	P12268/45687-00036

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JAN 28 2005**

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and submissions enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

- i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
ii. Other _____

- b. Enclosed

- | | |
|--|--|
| i. <input checked="" type="checkbox"/> Amendment/Reply | iii. <input type="checkbox"/> Information Disclosure Statement (IDS) |
| ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) | iv. <input type="checkbox"/> Other _____ |

2. **Miscellaneous**

- Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

- b. Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1379. I have enclosed a duplicate copy of this sheet.

- i. RCE fee required under 37 CFR 1.17(c)
ii. Extension of time fee (37 CFR 1.138 and 1.17)
iii. Other _____
- b. Check in the amount of \$ _____ enclosed
c. Payment by credit card (Form PTO-2034 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2034.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature	Date	January 28, 2005	
Name (Print/Type)	John C. Hall	Registration No.	41,403

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature	Pamela Shultz	Date	January 28, 2005
Name (Print/Type)	Pamela Shultz	Registration No.	

The collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09692709

7-14

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20 =	6
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	Pre	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
						RATE	ADDITIONAL FEE
	Total	23	Minus	26	= —	X\$ 9=	X\$18=
	Independent	2	Minus	3	= —	X40=	X80=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						+135=	+270=

SMALL ENTITY TYPE OR OTHER THAN SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	108.00
X40=		OR X80=	
+135=		OR +270=	216.00
TOTAL		OR TOTAL	168.00

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
						RATE	ADDITIONAL FEE
	Total	22	Minus	23	= —	X\$ 9=	X\$18=
	Independent	2	Minus	3	= —	X40=	X80=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						+135=	+270=

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
						RATE	ADDITIONAL FEE
	Total	21	Minus	22	= —	X\$ 9=	X\$18=
	Independent	3	Minus	3	= —	X40=	X80=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						+135=	+270=

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.